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Ophthalmic Literature

EDITOR, EDWARD JACKSON, M. D.
ASST. EDITOR, WILLIAM H. CRISP, M. D
CORRESPONDENTS { DR. MARCEL DANIS, Brussels, Belgium
PROF. J. KOMOTO, Tokyo, Japan

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Ophthalmic Literature

VOL. VII. OCTOBER, 1917. NO. 10.

Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

THE AMERICAN JOURNAL OF OPHTHALMOLOGY.

This is to be the name of the new journal that will replace the

The American Journal of Ophthalmology,
The Annals of Ophthalmology,
The Ophthalmic Record,
Ophthalmology,
The Ophthalmic Year Book,
Ophthalmic Literature,
Anales de Oftalmologia.

The last was established by M. Uribe y Troncoso, and published in Mexico for 18 years.

This name beside corresponding to that of the **British Journal of Ophthalmology**, formed by the union of all the ophthalmic journals in the British Empire, indicates the representative character that the new journal will strive for; and is also the name of the first ophthalmic journal published in America.

In July, 1862, Dr. Julius Homberger published in New York the first number of the **American Journal of Ophthalmology**. It was published bi-monthly. The last number of the first volume, although dated May, seems to have appeared in August, 1863. The first number of the second volume bears the date of January, 1864, and apparently only two numbers of this volume were ever published.

In 1862 the only ophthalmic journals published were the **Annales d'Oculistique**, begun by Cunier in 1838; **Graefe's Archiv für Ophthalmologie** established in 1854; **The Royal London Ophthalmic Hospital Reports**, established in 1857, and the **Reports of the Netherlands Hospital for Eye Patients**, started by Donders in 1858. It was in 1862 that Zehender began to issue the **Klinische Monatsblätter für Augenheilkunde**, and in the same year that Laurence and Windsor started the first **Ophthalmic Review**, which was published for about four years in London.

In 1862 there was no ophthalmological society in America, no professor or other recognized special teacher of ophthalmology in any American medical college. Specialists were regarded as charlatans, and most of them up to that time had deserved this reputation. It was no wonder that Dr. Homberger's journal, excellent as it was, did not long survive.

When the new **American Journal of Ophthalmology** was started in 1884, by Dr. Adolf Alt, conditions had somewhat changed. The American Ophthalmological Society had been meeting regularly for almost 20 years. Ophthalmology had been recognized in one of the Sections of the American Medical Association. There were local societies devoted to it. It had a lecturer or professor in each of the

better medical schools. With the help of men like John Green, William Thomson, Wadsworth, Kipp, Hotz, Buller and others, Dr. Alt has been able to make his journal a scientific success, and to maintain it more than one-third of a century.

But this has been accomplished only by effort and sacrifice, and the development of the journal has been hampered by lack of support. The time has now come when there are six thousand or seven thousand medical men in America, who claim to pay special attention to diseases of the eye. It is now as proper to combine the needs and resources of a large proportion of these ophthalmologists, in the establishment of a greater **American Journal of Ophthalmology**, as it was for Dr. Homberger to attempt his first publication, or Dr. Alt, with the assistance of a group of friends to make good what his predecessor had attempted.

This new undertaking is now well started. The existing journals named above have been brought together, a larger income has been pledged to the new enterprise than any ophthalmic journal has heretofore been able to command. The plans for organization of the new journal are rapidly being perfected. This is not the time to announce them. They will in due season announce themselves. But it is the time for any ophthalmologist who has thought of a way in which ophthalmic journals could be improved, to offer his suggestion. All such suggestions will be welcomed and carefully considered.

It is also the time when every ophthalmologist, who is interested in having a good journal, should give the support of his subscription. It is hoped that every subscriber to this journal will now subscribe for its successor. The price for the new journal will be ten dollars per year. This will be less than one-third of the cost of the journals that it replaces. Nearly one thousand subscriptions had been received at a price of fifteen dollars per year. But it is hoped that a much wider circulation can be secured at the lower price. With the cooperation of those who have previously taken the journals to be replaced, this hope will be fulfilled; and the new **American Journal of Ophthalmology** will be as great an advance on its predecessors as was the publication of the original journal where no periodical of the kind had previously existed.

BOOK NOTICES.

Transactions, Section on Ophthalmology, American Medical Association, Sixty-eighth annual session, 1917, 8vo, 388 pages, 27 plates, 18 illustrations. Chicago, A. M. A. Press.

This annual volume has always been of value; and it takes new importance this year because under the altered policy of the American Medical Association, a portion of the papers it contains have not been previously printed in the **Journal** of the A. M. A. The papers contained in this volume number 19, of which 8 have not previously been published in the journal.

The value of a society meeting should lie more in the discussions to which the papers give rise than in the papers themselves. This volume contains discussions of a value unequaled by those to be found in the transactions of any other ophthalmological society. These discussions occupy 75 pages printed in smaller type than the

papers; and they are "abstracts" of discussions. The notes of the discussions taken by the stenographer have been furnished to each speaker, and he has been required to condense his remarks. This largely removes the tendency to diffuseness, the most common defect in scientific discussions. Then, too, the discussion is often the result of careful preparation. All these papers have been previously printed, and distributed to members of the Section in the presession volume, so that ample opportunity has been afforded to look up data and choose the points to be presented.

A book like this offered at the nominal price of one dollar, ought to be in the office of every American Ophthalmologist.

Transactions of the Fifth Annual Meeting of the Pacific Coast Oto-Ophthalmological Society, 1917. 8vo, 98 pages. Published by the Executive Committee, Spokane, Washington, R. A. Greene, Secretary.

Of the 16 papers contained in this small volume about half relate to Ophthalmology. The titles of these are given in the "Index of Ophthalmology." They contain matter of important interest to ophthalmologists; and the publication of such transactions evidences the scientific activity, energy and courage of the members of this Society. Some of the papers are accompanied by good discussions and the whole publication is creditable to a younger organization far removed from centers of medical publication.

There are some improvements that should be made in future volumes. The absence of anything like a table of contents or alphabetic index, or of page headings, indicating the author or subject, make it difficult to find what the pages contain, with reference to any particular subject.

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Wood, C. A. Head Surgery in Army Hospitals. Ophth. Rec., v. 26, p. 532.

Abstracts From Foreign Journals

Kirkpatrick, H. Etiology of Optic Atrophy. Report Government Ophthalmic Hospital, Madras, 1916, p. 12.

Among 19,893 patients there were encountered 44 cases of optic atrophy. Seven of these were classed as primary and 37 as secondary, but of the latter only three followed acute neuritis. In the other 34 the post-inflammatory changes were very slight, indicating that the preceding inflammation had been retro-bulbar, or exceedingly mild. Of these thirty-four, 32 occurred in males. None of them gave any history of previous severe illness. In 73 per cent. there was reason to suspect consanguinity; but this is very little higher than the percentage of consanguinity in the general population. In 22 out of 26 cases there was a positive Wassermann reaction, and one other patient stated he had had syphilis. In 19 cases the changes only affected the nerve head, and of these 17 had suffered from syphilis. The same number gave a history of consanguinity in the parents, and in 15 patients both conditions were present.

Bardsley, P. C., Retinal Signs of Arterio-Sclerosis and those of Increased Blood Pressure. (Brit. Jour. Ophth., April, 1917).

The writer remarks that there has been little or no advance from the clinical side of the retinal signs of arteriosclerosis since Marcus Gunn laid down the four cardinal signs: Tortuosity of the arteries, variation in the caliber of the vessels, alteration of the normal light streak, and indentation of veins by pressure of crossing arteries.

The writer came to the conclusion some years ago that the prognosis which was regarded as bad in these cases was not so universally unfavorable as was generally believed; in following up the after-history of these patients he found some with very advanced mischief which cleared up under treatment, and in some instances, to his surprise the cardinal signs disappeared. He noticed that these changes could occur with great rapidity after a severe attack of influenza, scarlatina or other toxaemia, and it was impossible to believe that an advanced fibrosis had developed in a few days. He then became certain that these signs did not necessarily indicate arteriosclerosis, but were often due to some accessory cause. After observing the blood-pressure in a number of cases, he came to the conclusion that increased bloodpressure accounted for some of the cardinal signs, and when the former was lowered by treatment the ophthalmoscopic signs of arteriosclerosis diminished appreciably.

It then became important to distinguish between the signs pro-

duced by sclerosis and those due to increased bloodpressure. The following seem to the writer to be the distinguishing charactertistics:

In simple high tension: 1. The vessels have an apperance of uniform distension and fulness. 2. The light streak is broadened out; it may be greatly increased, apparently reaching almost the whole breadth of the vessel. 3. The light streak is very much brighter than normal, the brilliancy increasing with the increase of the tension, until with very high tension it becomes like bright copper wire (not silver wire). 4. The tight arteries indent the veins; with medium high tension they indent them slightly, with very high tension they indent them deeply, leading to back-pressure and all its consequences.

The following signs indicate sclerosis: 1. Irregular tortuosity, especially of the smaller twigs. 2. Increased brilliancy of the light streak, while at the same time the light streak appears narrower and more central. 3. Irregularity of calibre and beading are sure indications of sclerosis. 4. General diminution in the size of the vessels and "silver wire" reflex show advanced sclerosis.

Of course, these two conditions of high tension and sclerosis very often coincide, but not always. Artificial raising of the bloodpressure produced the following retinal signs: 1. Increased fulness of the arteries. 2. Increased brilliancy of the light streak. 3. Increased breadth of the light streak. (a) indentation of veins, where previously not indented. (b) increased indentation of veins (in a few cases, very much increased), where previous slight indentation existed. 4. The reduction of all these signs on the return of the blood pressue to its former level.

The writer believes that with experience it is possible to indicate the actual height of the blood pressure in mm. of mercury from the observation of the retinal vessels alone. Thus, where there are no definite signs of sclerosis, he believes: (a) very slight indentation of veins, full arteries with broad light streak, indicates 145-150 mm. (b) very brilliant broad light streak with deeper indentation and slight signs of obstruction indicates 150-160 mm. (c) very brilliant broad light streak with apparent obliteration of veins indicates 160-180 mm. Where the signs of advanced sclerosis are present, the veins may be indented and nipped at lower tensions.

In conclusion he warns of three pitfalls which it is necessary to avoid: 1. Fallacious interpretation of the fundus picture due to blurring when errors of refraction exist and these are not carefully corrected. 2. In patients with severe toxaemia we may see in the retina broad arteries, increased light streak, enlarged veins and slight indentations of these. 3. With a failing heart the stagnation of the blood stream produces swollen veins and the hardness of the artery walls causes them to remain rigidly fixed while the swollen veins appear to be obstructed by the rigid arteries. Keeping these three liabilities to error in mind, the writer thinks it possible for the ophthalmologist to distinguish by means of the ophthalmoscope between increased blood pressure and arteriosclerosis, and to base his prognosis and treatment thereon. C. H. M.

Castresana, B., Early Diagnosis of Sarcoma of the Choroid (Archivos de Oftalmologia, Hispano-Americanos, volume 17, page 426).

Three cases are described. In the first, the initial symptom was loss of visual acuity, with the presence of a fixed shadow in the upper part of the field. An early diagnosis was not made in this case, although the patient was seen by several ophthalmologists. Later, there was observed a roundish eminence of dark color, with newly developed blood vessels in its vicinity. The retina was not detached. In the second case the presence of a melanotic sarcoma in the early stage of development was determined by means of a magnifying lens and lateral illumination, the observer, looking in a very oblique direc-

tion, being able to detect a small choroidal tumor near the ciliary processes.

In the third case, the initial symptoms were a defect in the visual field, loss of visual acuity, and an immobile tumor situated in the anterior part of the choroid near the ciliary processes, crossed by blood vessels, and which could be made out with oblique illumination through the dilated pupil, about two millimeters behind the iris. As regards the differential diagnosis of detachment of the retina, there was in this case a detachment in the peripheral part of the tumor, but at the most prominent part of the neoplasm the retina remained adherent and stationary. Whereas the first two patients did not recall any luminous sensations during the early stage, the last patient had noticed, from the beginning of the affection, halos and flashes in the darkness. These luminous sensations are to be explained as due to the first irritations which are produced in the retina by the minute tumor. None of the patients experienced pain in the first stage of the disease.

Dehogues, J. L., Hemeralopia in Charcoal Burners in Cuba. (Archivos de Ottalmologia, Hispano-Americanos, volume 17, page 424).

Ten cases are described, all of which occurred in Cuban charcoal burners. Thinking that the breathing in of carbon monoxide might be the cause of the condition, an examination of the blood was made in each case. In every instance there was found a notable reduction in the hemoglobin present, with the other characteristics which are produced by carbon monoxide poisoning. The patients were treated with tonics, and a new analysis after two weeks demonstrated a relative return to normal of the blood, contemporaneous with disappearance of the hemeralopia.

Finlay, C. E. Paralysis of the Superior Oblique Produced by Ethmoiditis. (Archivos de Oftalmologia, Hispano-Americanos, volume 17, page 380.)

There was homonymous diplopia with lowering and torsion of the image belonging to the right eye, the deviation being increased below and to the right. The diplopia was corrected with a prism of ten degrees base out and one of three degrees base down. There was no history of syphilis or of any affection of the nervous system, nor any apparent disturbance of the cardiovascular apparatus. After four weeks the diplopia was corrected with a prism of one degree base down and one of nine degrees base out. A month later the prism required was five degrees base out and three degrees base down. After this the disturbances almost disappeared, but the patient returned five months after the commencement of the original disturbance on account of a marked relapse. He stated that he had been treated in the meantime for an empyema of the maxillary antrum. An X-ray photograph showed a slight shadow at the upper inner angle of the right orbit. Complete cure followed removal of some polyps and an operation on the ethmoidal sinuses.

Marin, M. Traumatic Subconjunctival Dislocation of the Lens. (Archivos de Oftalmologia, Hispano-Americanos, volume 17, page 382.)

The patient, a woman of seventy-five years, had struck the inner side of the left orbit, two days earlier, against the post of a chair in stooping down to the floor. The blow was accompanied by violent pain in the eye, and there was immediate loss of vision. At examination the eyelids were edematous, and the conjunctiva markedly chemotic. There was a moderate hyphema in the anterior chamber, the pupil was contracted, the iris intact, the fundus of the eye inexplorable on account of hemorrhage in the vitreous, the ocular tension diminished, the vision light perception with good projection, and the

eyeball tender to pressure in the ciliary region. There was a linear wound of the sclerotic in the upper outer quadrant of the eye, the borders of which were slightly separated by choroidal tissue. This wound was covered throughout by the bulbar conjunctiva, which did not show the slightest solution of continuity. The outer portion of the ocular conjunctiva presented a roundish swelling at a considerable distance from the scleral wound. The swelling, the diameter of which was about that of the cornea, was due to the presence of the crystalline lens beneath the conjunctiva. The lens was removed through an opening in the conjunctiva, after sufficient time had elapsed for cicatrization of the scleral wound.

Ramsay, A. Maitland. Oculo-Palpebral Prothesis. (The Lancet, May 12, 1917.)

The writer discusses the use of an ecblepharon fitted to a spectacle frame in cases where the lids and orbit are so seriously damaged that the ordinary artificial eye cannot be worn. This long-known but infrequent procedure has assumed considerable importance at the present time due to the large number of head and face wounds which include complete destruction of lids and orbit. The writer cautions that before using this method, every resource of plastic surgery be exhausted to repair the socket so that the lids may hold an artificial eye. However, when this is impossible, a carefully adjusted oculopalpebral prothesis hides the deformity sufficiently well to be of the greatest aesthetic value.

Every case requires an eye made for its individual needs, and various materials are used to replace the damaged lids. An oculopalpebral prothesis made wholly of glass gives the most perfect imitation. Müller has mounted such an ecblepharon on a silver plate with most realistic results. Other makers have mounted the artificial eye in porcelain, in celluloid, in metal, and in various substances having gelatin as a basis, with obvious advantages and disadvantages. Collins succeeded strikingly in hiding an extensive deformity by a copper,plate moulded and painted, to which a glass eye was attached. The writer, in agreement with Coulomb and Ruppe, employs vulcanite on account of the ease with which it can be moulded and painted to harmonize with the surrounding parts of the face. The parts to be reproduced are first carefully modelled in wax from which a plaster of Paris impression is taken; upon this, in turn, the soft rubber is moulded and thoroughly vulcanized. The artificial eye is cemeted to the vulcanized lids which are colored to match the surrounding parts and the prothesis is attached to a spectacle frame. The lens in front of the sound eye corrects any error of refraction which may be present, while that in front of the artificial eye is of the curvature giving the best cosmetic result. All cicatricial contraction should as far as possible be completed before the ecblepharon is adjusted so as to prevent the necessity of readjustment. The article includes the histories and photographs of four cases successfully treated by Ramsay according to the above-described device. C. H. M.

Santos Fernandez, J. Aphakia and Military Service. (Archivos de Oftalmologia, Hispano-Americanos, volume 17, page 449.)

The recent discussion of this subject, including an article by Aubineau entitled "The Value of Aphakia from the Military Point of View," leads Santos Fernandez to relate the following case: A traumatic cataract in a youth of sixteen years was disposed of by needling. The patient obtained full visual acuity with a correcting lens of ten diopters. The other eye was blind. With a bifocal lens before the seeing eye, the patient was in the author's opinion useful for work in general, and for military service in particular.

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Of Ophthalmic Literature, Published Monthly at Denver, Colorado, for October 1, 1917.

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County of Denver, } ss.

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